

State of Alabama
Unified Judicial System**AFFIDAVIT OF SUBSTANTIAL
HARDSHIP AND ORDER**

Case Number

Form C-10
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Rev. 2/95

1:06cv801-F

IN THE 2ND JUDICIAL CIRCUIT COURT OF ALABAMA
(Circuit, District, or Municipal) (Name of County or Municipality)STYLE OF CASE: Angela Denise Nails v. Alisma Rana Russle Rana
Plaintiff(s) Defendant(s)

TYPE OF PROCEEDING: _____ CHARGE(s) (if applicable): _____

- ☒ **CIVIL CASE--** I, because of substantial hardship, am unable to pay the docket fee and service fees in this case. I request that payment of these fees be waived initially and taxed as costs at the conclusion of the case.
- ☐ **CIVIL CASE--** (such as paternity, support, termination of parental rights, dependency) - I am financially unable to hire an attorney and I request that the court appoint one for me.
- ☐ **CRIMINAL CASE--** I am financially unable to hire an attorney and request that the court appoint one for me.
- ☐ **DELINQUENCY/NEED OF SUPERVISION--** I am financially unable to hire an attorney and request that the court appoint one for my child/me.

AFFIDAVIT**SECTION I.****1. IDENTIFICATION**

Full name Angela Denise Nails Date of birth Jan 8, 1961
 Spouse's full name (if married) NA
 Complete home address 342 S. Saint Andrews St. Apt 808 Dothan, AL 36301
 Number of people living in household 1
 Home telephone number 334 702-9645
 Occupation/Job Disabled Length of employment 2 Years 8 Months
 Driver's license number 1639414 AL *Social Security Number 212 78 2867
 Employer _____ Employer's telephone number _____
 Employer's address _____

2. ASSISTANCE BENEFITS

Do you or anyone residing in your household receive benefits from any of the following sources? (If so, please check those which apply.)

☐ AFDC ☐ Food Stamps ☐ SSI ☒ Medicaid ☐ Other _____
3. INCOME/EXPENSE STATEMENT**Monthly Gross Income:**

Monthly Gross Income	<u>\$824.00</u>
Spouse's Monthly Gross Income (unless a marital offense)	<u>0</u>
Other Earnings: Commissions, Bonuses, Interest Income, etc.	<u>0</u>
Contributions from Other People Living in Household	<u>0</u>
Unemployment/Workmen's Compensation, Social Security, Retirements, etc.	<u>\$824.00</u>
Other Income (be specific)	<u>0</u>

TOTAL MONTHLY GROSS INCOME\$824.00**Monthly Expenses:**

A. Living Expenses	
Rent/Mortgage	<u>\$229.00</u>
Total Utilities: Gas, Electricity, Water, etc.	<u>0</u>
Food	<u>3150.00</u>
Clothing	<u>0</u>
Health Care/Medical	<u>0</u>
Insurance	<u>0</u>
Car Payment(s)/Transportation Expenses	<u>0</u>
Loan Payment(s)	<u>262.00</u>

*OPTIONAL

BR 9406
SCANNED

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Monthly Expenses: (cont'd page 1)

Credit Card Payment(s)

Educational/Employment Expenses

Other Expenses (be specific)

Taxes 824.00

Gas Auto \$150.00

4174.00

Sub-Total

A \$ 824.00

B. Child Support Payment(s)/Alimony

\$ 0

B \$ 0

Sub-Total

\$ 0

C. Exceptional Expenses

\$ 0

TOTAL MONTHLY EXPENSES (add subtotals from A & B monthly only)

\$ 824.00

Total Gross Monthly Income Less total monthly expenses:

DISPOSABLE MONTHLY INCOME

\$ 10.00

4. LIQUID ASSETS:

Cash on Hand/Bank (or otherwise available such as stocks, bonds, certificates of deposit)

\$ 7.00

Equity in Real Estate (value of property less what you owe)

Equity in Personal Property, etc. (such as the value of motor vehicles, stereo, VCR, furnishing, jewelry, tools, guns, less what you owe)

Other (be specific)

Do you own anything else of value? ☒ Yes ☐ No

(land, house, boat, TV, stereo, jewelry)

If so, describe Television

\$ 50.00

TOTAL LIQUID ASSETS

\$ 57.00

5. Affidavit/Request

I swear or affirm that the answers are true and reflect my current financial status. I understand that a false statement or answer to any question in the affidavit may subject me to the penalties of perjury. I authorize the court or its authorized representative to obtain records of information pertaining to my financial status from any source in order to verify information provided by me. I further understand and acknowledge that, if the court appoints an attorney to represent me, the court may require me to pay all or part of the fees and expenses of my court-appointed counsel.

Sworn to and subscribed before me this

5 day of September 2006

Affiant's Signature

Print or Type Name

Judge/Clerk/Notary

My Commission Expires March 17, 2009

ORDER OF COURT

SECTION II.

IT IS THEREFORE, ORDERED, AND ADJUDGED BY THE COURT AS FOLLOWS:

☐ Affiant is not indigent and request is DENIED.

☐ Affiant is partially indigent and able to contribute monetarily toward his/her defense; therefore defendant is ordered to pay \$ 0.00 toward the anticipated cost of appointed counsel. Said amount is to be paid to the clerk of court or as otherwise ordered and disbursed as follows:

☐ Affiant is indigent and request is GRANTED.☐ The prepayment of docket fees is waived.

IT IS FURTHER ORDERED AND ADJUDGED that _____ is hereby appointed as counsel to represent affiant.

IT IS FURTHER ORDERED AND ADJUDGED that the court reserves the right and may order reimbursement of attorney's fees and expenses, approved by the court and paid to the appointed counsel, and costs of court.

Done this _____ day of _____

Judge